

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/390736		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14			1				64						
15			1				65						
16			-				66						
17			-				67						
18			-				68						
19			-				69						
20			-				70						
21			-				71						
22			-				72						
23			-				73						
24			-				74						
25			-				75						
26			-				76						
27			-				77						
28			-				78						
29			-				79						
30			-				80						
31			-				81						
32			-				82						
33			-				83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓							
TOTAL DEP.		←	19	←		←							
TOTAL CLAIMS			20										